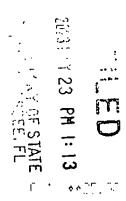
## L23000006666

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## **COVER LETTER**

TO: Registration Section Division of Corpora	n etions
SUBJECT:	Narrow Puth Investigations LLC Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
-	Joan Bauer Name of Person
-	Narrow Path Investigations
-	27006 Oakwood Lake Drive
-	Bonita Springs Florida 34134 City/State and Zip Code )
-	E-mail oddress: (to be used for future immual report notification)
For further information conce	erning this matter, please call:
Joan Name of Per	Bauly at (330) 203.2837  Area Code Daytime Telephone Number
Enclosed is a check for the fo	<del>-</del>
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect	Street Address: Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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2003 11 Y 23 PM 1: 13

NATION Puth INVESTIGATIONS LICE FOR STATION of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 01.03.2023 and assigned Florida document number L23000006866

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAX BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	, Flor	ida
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:	· / / / / / / / / / / / / / / / / / / /	

MIA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

N A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR - Authorized Member <u>Address</u> Type of Action Title Name MAR Joan Buner 207 Portage Trail Ext W. 202 Cayaloga Falls of 44223 a Remove \_\_\_\_ Change 207 Portage Trail ext W 208 produ AMBR Joan Baner Chyanoga Falls DH 4423 Remove AMBL Melauie Torres 2765 Graybill Rd. xxxx WHOUTOWN, DH 44685 OREMOVE Change □Add ☐Remove Change □Add ☐Remove Change □Add Remove

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	47	,2023				
Dated May	<u> </u>					
Dated May	Q11	2023	Bauer	)		

Filing Fee: \$25.00